

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

RECEIVED

APR 14 2016 <sup>FAC</sup>

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

Donnell Potts

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

16-cv-4348  
Judge Milton I. Shadur  
Magistrate Judge Maria Valdez  
PC 2

vs.

Case No: \_\_\_\_\_  
(To be supplied by the Clerk of this Court)

Seg. Boyer

Lt. Nickerson

c/o LEE (Female)

Nurse Chris (Female)

c/o John Doe

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

Reviewed: 8/2013

**I. Plaintiff(s):**

- A. Name: Donnell Ralts
- B. List all aliases: NONE
- C. Prisoner identification number: 20150716281
- D. Place of present confinement: COOK County - C.C.
- E. Address: P.O. Box 089002 Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Sgt. Boyer  
 Title: Sergeant / Correctional officer  
 Place of Employment: Stateville CC / State of Illinois / NRC
- B. Defendant: Lt. Nickerson  
 Title: Lieutenant / Correctional officer  
 Place of Employment: State of Illinois / Stateville CC / NRC
- C. Defendant: C/O LEE  
 Title: (Female) Correctional officer  
 Place of Employment: State of Illinois / Stateville CC / NRC

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

TITLE: NURSE / Female

Place of employment: State of Illinois / Stateville CC. / WRC

Defendant: John Doe

Title: Correctional officer

Place of employment: State of Illinois / Stateville C.C. / WRC

WRC



**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

## IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I was incarcerated in Stateville / NRC on ~~September~~<sup>August</sup> 16, 2015. On my court date which was on September 16, 2015 upon arriving at Cook County Court, I then heard my case at 1:00 PM Court. At approximately 1:30 I was being escorted back to the Illinois Department of Corrections bus which was waiting for me in back of the Criminal Court building. I was being escorted by Correctional Officer "LEE" and % John DOE. And <sup>SGT</sup> Boyer When I fell down the stairs which were concrete. ~~By~~ Correctional officer Lee & % John DOE just stood at the top of stairs just looking at me shaking SGT. Boyer then ask an I' ok I said "my head hurts also my back almost over my whole body" I then ask for medical treatment He then told me "We going to get you up off this ground first, then we going to take you back to N.R.C / Stateville Correctional Center for medical treatment. Then Lt. Nickerson was informed ~~at~~ about what had happened to me. He then asked "Who seen him fall"

So no one seen my fall, thats what they said.  
 So Lt. ~~Nickerson~~ told them to put me on the  
~~bus~~ and I'll receive treatment at U.R.C. / stataville.  
 Upon getting there Lt. Nickerson told Sg. John Doe &  
 Sg. Boyers to take me to my cell intill a nurse  
 is available. I was not seen till about 7:30 PM  
 that night. We left the Court house at 1:30 PM  
 The nurse Chris Looked at me and said she  
 was going to put me on the doctors list. My  
 head was bleeding, sholder, Back of my neck,  
 knees, my eye too. I still didn't get  
 the medical treatment I needed. There was  
 NO I.D.R. written. I would not wish  
 this on no one. I'm asking for justice.

**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

To be treated/seen by an outside physician at the expense of the defendants

For compensatory damages in the maximum amount as allowed by law

For punitive damages in the maximum amount as allowed by Law

For nominal damages in the maximum amount as allowed by Law

For reasonable attorney fees

For Plaintiff's cost of suit

For any other relief that the court deem just

VI. The plaintiff demands that the case be tried by a jury. ☐ YES ☐ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 3 day of 1, 2016

Donnell Perts  
(Signature of plaintiff or plaintiffs)

Donnell Perts  
(Print name)

20150716281  
(I.D. Number)

P.O. Box 089002

Chicago Illinois 60608  
(Address)





# COOK COUNTY

## DEPARTMENT OF CORRECTIONS

### INMATE REQUEST FORM

#### CHOOSE ONE (1) OF THE FOLLOWING SERVICES

<input type="checkbox"/> Write-Out	<input checked="" type="checkbox"/> Law Library	<b>RELIGIOUS SERVICES</b>
<input type="checkbox"/> Superintendent	<input type="checkbox"/> Parole Information	<input type="checkbox"/> Muslim
<input type="checkbox"/> Drug Unit Transfer	<input type="checkbox"/> Immigration Information	<input type="checkbox"/> Catholic
<input type="checkbox"/> Commissary	<input type="checkbox"/> Public Library	<input type="checkbox"/> Non-Denomination Christian
<input type="checkbox"/> Trust Fund Balance	<input type="checkbox"/> U.S. Mail Information	<input type="checkbox"/> Baptist
<input type="checkbox"/> Board of Ed. (17-21 yrs)	<input type="checkbox"/> Inmate Work Program	<input type="checkbox"/> Jewish
<input type="checkbox"/> G.E.D. (21 yrs and over)		<input type="checkbox"/> Jehovah's Witness
<input type="checkbox"/> Other		

#### INMATE INFORMATION

DETAINEE NAME: <i>Donnell Batts</i>	DATE SUBMITTED: <i>3-30-16</i>
DETAINEE ID NUMBER: <i>20150716281</i>	COURT DATE: <i>4-26-16</i>
DIVISION: <i>10</i>	LIVING UNIT: <i>2-C</i>
DETAINEE SIGNATURE: <i>Donnell Batts</i>	

#### INMATE REQUEST (PLEASE PRINT)


#### STAFF RESPONSE - INMATES DO NOT WRITE IN THIS SECTION


STAFF SIGNATURE:	DATE INMATE RECEIVED RESPONSE / SERVICE:
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# **DEPARTAMENTO DE CORRECCIONES DEL CONDADO DE COOK FORMULARIO DE SOLICITUD DEL PRESO**

## **\*\* ELIJA UNO (1) DE LOS SIGUIENTES SERVICIOS \*\***

<input type="checkbox"/> Sobre Estampado	<input type="checkbox"/> Biblioteca Legal	<u><b>SERVICIOS RELIGIOSOS</b></u>
<input type="checkbox"/> Superintendente	<input type="checkbox"/> Información/Libertad Condicional	<input type="checkbox"/> Musulmánes
<input type="checkbox"/> Traslado a Unidad de Drogas	<input type="checkbox"/> Información Sobre Inmigración	<input type="checkbox"/> Católicos
<input type="checkbox"/> Comisaría	<input type="checkbox"/> Biblioteca Pública	<input type="checkbox"/> Cristianos sin Denominación
<input type="checkbox"/> Balance en su Cuenta	<input type="checkbox"/> Información de su Correo	<input type="checkbox"/> Bautistas
<input type="checkbox"/> Junta de Ed. (17-21 años)	<input type="checkbox"/> Programa de Trabajo -Preso	<input type="checkbox"/> Judíos
<input type="checkbox"/> Escuela G.E.D. (mayor de 21)		<input type="checkbox"/> Testigos de Jehová
<input type="checkbox"/> Otros		

## **INFORMACIÓN DEL DETENIDO**

NOMBRE DEL DETENIDO:	FECHA EN QUE FUE SOMETIDA:
NÚMERO DE IDENTIFICACIÓN DEL DETENIDO:	FECHA DE CORTE:
DIVISIÓN:	UNIDAD DE VIVIENDA:

FIRMA DEL DETENIDO:

## **SOLICITUD DEL PRESO (LETRA DE IMPRENTA)**


## **RESPUESTA DEL PERSONAL - PRESOS NO ESCRIBA EN ESTA SECCIÓN**


FIRMA DEL PERSONAL:

FECHA / PRESO RECIBIÓ RESPUESTA / SERVICIO:



# **COOK COUNTY** **DEPARTMENT OF CORRECTIONS** **INMATE REQUEST FORM**

## **CHOOSE ONE (1) OF THE FOLLOWING SERVICES**

<input checked="" type="checkbox"/> Write-Out	<input type="checkbox"/> Law Library	<b>RELIGIOUS SERVICES</b>
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<input type="checkbox"/> Other		

## **INMATE INFORMATION**

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DETAINEE ID NUMBER: 20150716281	COURT DATE: 4-26-16
DIVISION: 10	LIVING UNIT: 2-C
DETAINEE SIGNATURE: 	

## **INMATE REQUEST (PLEASE PRINT)**


## **STAFF RESPONSE - INMATES DO NOT WRITE IN THIS SECTION**


STAFF SIGNATURE:	DATE INMATE RECEIVED RESPONSE / SERVICE:
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# **DEPARTAMENTO DE CORRECCIONES DEL CONDADO DE COOK FORMULARIO DE SOLICITUD DEL PRESO**

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<input type="checkbox"/> Superintendente	<input type="checkbox"/> Información / Libertad Condicional	<input type="checkbox"/> Musulmánes
<input type="checkbox"/> Traslado a Unidad de Drogas	<input type="checkbox"/> Información Sobre Inmigración	<input type="checkbox"/> Católicos
<input type="checkbox"/> Comisaría	<input type="checkbox"/> Biblioteca Pública	<input type="checkbox"/> Cristianos sin Denominación
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DIVISIÓN:	UNIDAD DE VIVIENDA:
FIRMA DEL DETENIDO:	

## **SOLICITUD DEL PRESO (LETRA DE IMPRENTA)**


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